

RECEIVED
CENTRAL FAX CENTER**MORRISON & FOERSTER LLP**

Attorneys at Law
425 Market Street
San Francisco, California 94105-2482
Telephone: (415) 268-7000
Facsimile: (415) 268-7522

JUN 16 2004

OFFICIAL

To: Centralized Facsimile Center
U.S. Patent Office

Facsimile: 703-872-9306
Telephone:

From: Otis Littlefield**Date: June 16, 2004**

We are transmitting a total of **6** pages (including this page).
Original or hard copy to follow if this box is checked ☐.

If you do not receive all pages, please call (415) 268-6733 as soon as possible.

Preparer of this slip has confirmed that facsimile number given is correct: OBL1/8566

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

Re: U.S. Patent Application Serial No. 09/646,807
For: CONTROL OF GENE EXPRESSION
By: Michael W. GRAHAM et al.
Our reference: 54632-20003.21

Attached are the following:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Petition for Extension of Time (1 page)
4. Notice of Appeal (1 page)

PTO/BB/21 (09-03)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/646,807
		Filing Date	December 5, 2000
		First Named Inventor	Michael GRAHAM
		Art Unit	1636
		Examiner Name	D. Sullivan
Total Number of Pages in This Submission	5	Attorney Docket Number	546322000321

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (1 page) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Sent via Facsimile (Facsimile Coversheet not counted as part of this submission)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Otis Littlefield - 48,751
Signature	<i>Orin Tustin</i>
Date	June 16, 2004

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.	
Date: June 16, 2004	Signature: <i>Valerie Cohen</i> (Valerie Cohen)

sf-1725314

PTO/SB/17 (01-03)
Approved for use through 04/30/2003. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$)		1,280	
--------------------------------	--	------	--	-------	--

Complete if Known	
Application Number	09/648,807
Filing Date	December 5, 2000
First Named Inventor	Michael GRAHAM
Examiner Name	D. Sullivan
Group Art Unit	1636
Attorney Docket No.	546322000321

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account	
Deposit Account Number	03-1952
Deposit Account Name	Morrison & Foerster LLP
The Commissioner is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION (continued)	
3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1051 130	2051 65
1052 50	2052 25
1053 130	1053 130
1812 2,520	1812 2,520
1804 920*	1804 920*
1806 1,840*	1806 1,840*
1251 110	2251 55
1252 420	2252 210
1253 960	2253 475
1254 1,480	2254 740
1255 1,970	2255 985
1401 330	2401 165
1402 320	2402 160
1403 280	2403 140
1451 1,510	1451 1,510
1452 110	2452 55
1453 1,300	2453 650
1501 1,300	2501 650
1502 470	2502 235
1503 630	2503 315
1460 130	1460 130
1807 50	1807 50
1808 180	1808 180
8021 40	8021 40
1809 750	2809 375
1810 750	2810 375
1801 750	2801 375
1802 900	1802 900
Other fee (specify)	1615
Claims - extra total (over 20)	
SUBTOTAL (3) (\$)	
1,280	

1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1001 750	2001 375
1002 330	2002 165
1003 520	2003 260
1004 750	2004 375
1005 160	2005 80
SUBTOTAL (1) (\$)	
0.00	

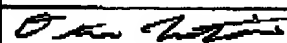
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1202 18	2202 9
1201 86	2201 43
1203 290	2203 145
1204 84	2204 42
1205 18	2205 9
SUBTOTAL (2) (\$)	
0.00	

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY	
Name (Print/Type)	Otis Littlefield
Registration No. (Attorney/Agent)	48,751
Signature	
Complete (if applicable)	
Telephone	(415) 268-6846
Date	June 16, 2004

sf-1725001

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Approved for use through 04/30/2003. OMB 0651-0032

FEE TRANSMITTAL for FY 2003		Complete if Known																																													
<small>Patent fees are subject to annual revision.</small>		Application Number	09/646,807																																												
		Filing Date	December 5, 2000																																												
		First Named Inventor	Michael GRAHAM																																												
		Examiner Name	D. Sullivan																																												
		Group Art Unit	1836																																												
		Attorney Docket No.	546322000321																																												
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																															
TOTAL AMOUNT OF PAYMENT (\$) 1,280																																															
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES DUPLICATE COPY FOR FEE PROCESSING																																													
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP																																															
The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																															
FEE CALCULATION																																															
1. BASIC FILING FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>750</td> <td>3001 375 Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>930</td> <td>2002 165 Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003 280 Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004 375 Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>190</td> <td>2005 80 Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td>0.00</td> </tr> </tbody> </table>		Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	750	3001 375 Utility filing fee		1002	930	2002 165 Design filing fee		1003	520	2003 280 Plant filing fee		1004	750	2004 375 Reissue filing fee		1005	190	2005 80 Provisional filing fee		SUBTOTAL (1)			0.00																		
Fee Code	Fee (\$)	Fee Description	Fee Paid																																												
1001	750	3001 375 Utility filing fee																																													
1002	930	2002 165 Design filing fee																																													
1003	520	2003 280 Plant filing fee																																													
1004	750	2004 375 Reissue filing fee																																													
1005	190	2005 80 Provisional filing fee																																													
SUBTOTAL (1)			0.00																																												
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>27</td> <td>-48 =</td> <td>0 x 9 =</td> <td>0.00</td> </tr> <tr> <td>2</td> <td>-5 =</td> <td>0 x 43 =</td> <td>0.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">Multiple Dependent</td> <td>145 = 0.00</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202 9 Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>95</td> <td>2201 43 Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203 145 Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204 42 " Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205 9 " Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td>0.00</td> </tr> </tbody> </table>		Total Claims	Extra Claims	Fee from below	Fee Paid	27	-48 =	0 x 9 =	0.00	2	-5 =	0 x 43 =	0.00	Multiple Dependent			145 = 0.00	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	18	2202 9 Claims in excess of 20		1201	95	2201 43 Independent claims in excess of 3		1203	290	2203 145 Multiple dependent claim, if not paid		1204	84	2204 42 " Reissue independent claims over original patent		1205	18	2205 9 " Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			0.00		
Total Claims	Extra Claims	Fee from below	Fee Paid																																												
27	-48 =	0 x 9 =	0.00																																												
2	-5 =	0 x 43 =	0.00																																												
Multiple Dependent			145 = 0.00																																												
Fee Code	Fee (\$)	Fee Description	Fee Paid																																												
1202	18	2202 9 Claims in excess of 20																																													
1201	95	2201 43 Independent claims in excess of 3																																													
1203	290	2203 145 Multiple dependent claim, if not paid																																													
1204	84	2204 42 " Reissue independent claims over original patent																																													
1205	18	2205 9 " Reissue claims in excess of 20 and over original patent																																													
SUBTOTAL (2)			0.00																																												
<small>**or number previously paid, if greater. For REISSUES, see above</small>																																															
SUBMITTED BY		Complete if applicable																																													
Name (Print/Type) Otis Littlefield		Registration No. (Attorney/Agent) 48,751	Telephone (415) 268-8846																																												
Signature 		Date	June 16, 2004																																												

sf-1725001

JUN 16 2004

OFFICIAL

PTO/SB/31 (08-03)

Approved for use through 07/31/2006. OMB 0581-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 548322000321	
In re Application of Michael W. GRAHAM			
Application Number 09/646,807		Filed December 5, 2000	
For CONTROL OF GENE EXPRESSION			
Art Unit 1636		Examiner D. Sullivan	

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 03-1952 Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

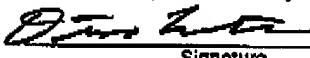
I am the

☐ applicant /inventor

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☐ attorney or agent of record.
Registration number _____

☒ attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). 48,751


Signature
Otis Littlefield
Typed or printed name
(415) 258-6846
Telephone number
June 16, 2004
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 672-9306, on the date shown below.

Dated: June 16, 2004

Signature: Valerie Cohen (Valerie Cohen)